

MDR Tracking Number: M5-04-0408-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on October 9, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with § 133.308(r)(9), the Commission hereby Orders the respondent and non-prevailing party to **refund the requestor \$460** for the paid IRO fee. For the purposes of determining compliance with the Order, the Commission will add 20-days to the date the Order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office/outpatient visit, x-ray exam of knee, x-ray of ankle, x-ray of foot, hot/cold pack therapy, electrical stimulation, and special reports or forms were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 02/03/03 through 02/05/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 19th day of December 2003.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PNR/pnr

December 15, 2003

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: MDR #: M5-04-0408-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

Clinical History:

This male claimant was injured in a work-related accident on ___. He was initially seen in the emergency room and was admitted on 08/01/02 with a burn on the dorsum of his right foot. The following day, he was taken to surgery where he had debridement and irrigation of the wound. Over the next couple of days, he had wound care. He subsequently was taken to the operating room on 08/05/02, where he had debridement of the wound and application of a 100-cm split-thickness skin graft. He was discharged with antibiotics and pain medication, with instructions to return for follow-up care in one week. He was to utilize crutches and not to put any weight on the foot.

Physical therapy in the form of sterile whirlpool, dressing change, and therapeutic exercises was prescribed. Over the course of treatment, the patient did not respond as anticipated and his improvement was less than desired. Subsequently, he changed treating doctors and reported to the new doctor's office on 02/03/03 for evaluation of his injuries.

Based on the results of the initial evaluation, x-rays of the injured area were ordered, as well as passive therapy prescribed. There was suspected osteomyelitis, and a request for a bone scan was made. In addition, the patient was referred for consultation, and an assessment of possible reflex sympathetic dystrophy was made. Medication was prescribed, as well as a request for right lumbar sympathetic block of L-2.

Disputed Services:

Office/outpatient visit, x-ray exam of knee, x-ray of ankle, x-ray of foot, hot/cold pack therapy, electrical stimulation, and special reports or forms during the period of 02/03/03 through 02/05/03.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the treatments and services in dispute as listed above were medically necessary in this case.

Rationale:

National Treatment Guidelines allow for this type of evaluation and treatment for this type of injury. Usually, passive therapies are done within the initial six-to-eight weeks after the injury date. However, due to the complexity of this injury, which was compounded by the patient's infection, extended care for this injury was necessary. A treating doctor is to perform an initial evaluation to ascertain the patient's injuries and to assist in formulating appropriate treatment. This was done, and x-rays of the injured area were needed. An initial trial of care of passive therapies was in order. Also, required special reports were completed.

I am the Secretary and General Counsel of ____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,